

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Donwell House

Wellgarth Road, District 2, Washington, NE37  
1EE

Date of Inspection: 05 October 2012

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November 2012

We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✗	Enforcement action taken
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Bondcare Shaftesbury Limited
Registered Manager	Ms. Tracey Garland
Overview of the service	Donwell House provides care for up to sixty-three people some of whom have nursing care needs.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Donwell House had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines
- Safety and suitability of premises
- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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People we spoke with told us they were happy with the care they received and liked living at Donwell House. One relative we spoke with told us "The staff here are a life saver" and "My mum has been in hospital recently and we were so pleased when she returned to Donwell House". Another relative told us "She and her family were overwhelmed by how well their mother was cared for by the members of staff and they just know what my mum likes to wear". We spoke with a small group of people who were sitting in the lounge. They told us they were very happy with the service and told us about how much they appreciated the staff and the manager. However we found the service did not fully protect people against the risks associated with the unsafe use and management of medication and also the recording, handling and use of medicines.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have taken enforcement action against Donwell House to protect the health, safety and welfare of people using this service.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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### Reasons for our judgement

During this inspection we looked at a sample of care records, observed care being delivered and talked to staff about the care, treatment and support provided. This is called pathway tracking. The records contained plans of care that had been updated regularly and at other times when peoples' needs changed. Information about how peoples' personal and health care were met was clearly recorded in the individual records and discussion with staff demonstrated the care was provided as detailed in the individual plans. There was evidence in records, and from discussion with staff, to show specialist support was sought as necessary. Examples of this included consulting a dietician and the local behavioural team for advice and support. Assessment and monitoring tools were used regularly to identify peoples' changing needs and care plans were updated accordingly. Systems for monitoring peoples' weight and diet were in place. We saw staff providing care and they demonstrated a good knowledge of peoples' care needs and of their preferences. People were relaxed and comfortable in their surroundings. One lady we saw was agitated asking staff when her daughter would be visiting. One member of staff discreetly and kind heartedly reminded her that her daughter visited her yesterday and was due to visit again later this evening. Risks were clearly recorded with clear evidence available to show that these were regularly reviewed and updated as necessary.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was not meeting this standard.

The service does not fully protect people against risks associated with the unsafe use and management of medication by means of the making of the appropriate arrangements for the recording, handling and use of medicines.

We have judged that this has a major impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

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## **Reasons for our judgement**

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We found concerns with the arrangements for handling medicines at our previous review in July 2012 and issued a compliance action which identified the areas where we had concerns. The provider wrote to us and told us that they had taken action to address the concerns and would be compliant with this regulation by the October 1st 2012. On 5 October 2012 we carried out an inspection of the service to check that they had now achieved compliance. All of the people who use this service had their medicines given to them by the staff. We looked at the medicines records and supplies for twelve people who were using the service. We checked the administration records together with receipt records and these showed us that people were not always receiving their medicines correctly. For most records we found that more of the medicine was left than the administration records indicated, meaning that some doses of medicine recorded as given had not actually been given. Three medicines for two people were not available in the home and could not be given.

We saw that some medicine records were not fully completed. There were a number of gaps in the records where no signature for administration or explanation for not giving the medicines had been made. For medicines prescribed with a choice of doses to give, the records did not always show how much medicine the person had been given at each dose. Incomplete record keeping meant we were not able to confirm that these medicines were being given to people as prescribed.

For one person an incorrect handwritten entry had been made on the medicines administration record chart. This had not been noticed by the person checking the entry. This resulted in the person receiving an incorrect dose of medication. Inaccurate and incomplete record keeping demonstrates that people are not protected against the risks associated with the unsafe use and management of medicines. We saw that the home did a monthly audit of medicines; however the audit process was not robust enough to ensure safe handling of medicines and to identify issues promptly. In view of the major concerns identified in this outcome area the Care Quality Commission served a Warning Notice on the Registered Provider and the Registered Manager on October 15 2012.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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When we last inspected the service we told the provider they were not meeting this essential standard. We said: "People who use the service, staff and visitors were not being protected against the risks of unsafe or unsuitable premises". In response to our concerns the provider sent us an action plan responding to our concerns which said, "The electric heaters were removed on the day and the boiler settings checked". "This will prevent the need for the use of any supplementary heating".

We looked around parts of the home to see if they were safe and suitable for meeting people's needs. We found one of the fifteen electric heaters previously removed, in use in one of the bedroom areas. The registered manager told us she was unable to provide us with an explanation why one of the electric heaters was being used. She told us she intends to investigate the circumstances and send a copy of her results to the CQC. We discussed the warm stuffy temperatures with the registered manager we experienced when we last visited the home. She told us how central heating engineers had visited Donwell House and they found the distribution flow and return pipe work was of a domestic type and had been poorly installed. As a consequence of the poor installation it was suspected there was an air or sludge blockage somewhere in the system and consequently this affected the distribution of heat throughout certain areas of the home. The registered manager told us the central heating engineers had suggested upgrading the heating system throughout the home and she was currently waiting for approval from head office for the planned work to commence.

The other bedrooms we looked in were tidy and had clean bedding and other furnishings. Many had been personalised to meet people's individual tastes. On the whole, the home was warm, and all four lounges were fitted with wall thermometers enabling staff to monitor the temperature of those areas. We saw bathrooms were adapted to meet people's mobility needs, and larger items of equipment were safely stored away. Bedrooms and bathrooms were lockable to provide privacy. The provider might find it useful to note that one of the bedroom ceilings was showing signs of water damage and required repairing and made good. The registered manager was made aware of the bedroom number affected by water damage.

## Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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When we last inspected the service we told the provider they were not meeting this essential standard. We said on our visit on July 4 2012 "That we saw clinical notes and care plans left lying on the floor in the upstairs lounge". One of the records had been left open with details of a "do not resuscitate order" clearly shown. The registered manager told us how since our visit on July 4 2012 she had advised all care staff to return care plans and confidential information to the office ensuring all documents are safe and secure and information is kept confidential. During our visit to the home we saw how clinical notes and care plans were being held securely in the manager's office unless they were being used by care staff or another healthcare professional.

This section is primarily information for the provider

**✘ Enforcement action we have taken to protect the health, safety and welfare of people using this service**

### Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

<b>We have served a warning notice to be met by 16 November 2012</b>	
This action has been taken in relation to:	
Regulated activities	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
Diagnostic and screening procedures Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> The service does not fully protect people against risks associated with the unsafe use and management of medication by means of the making of the appropriate arrangements for the recording, handling and use of medicines. (Regulation 13)

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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